



Record of Estate Intent

Thank you for supporting Novant Health Foundation through your estate plans. Your gift will enable Novant Health to continue providing the most remarkable care to our patients for generations to come.

Name: _____

Birthdate: _____

Name: _____

Birthdate: _____

I intend to make a provision in my estate plans to benefit:

Novant Health Facility or Region: _____

Service Line or Program: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Please return this to:

Novant Health Foundation
Attn: Sharon Harrington
Sr. Director of Principal & Leadership Gifts
1601 Elizabeth Avenue
Suite 200
Charlotte, NC 28204
scharrington@novanthealth.org